



DECLARATION
Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS AND COMPOSITIONS FOR THE TREATMENT OF OBESITY, the specification of which

(Check One) ☐ is attached hereto OR
☒ was filed on March 16, 2004 as United States Application Serial No. 10/802,228 or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 172, 119(a)-(d) or (f) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Stefan	MIDDLE Initial	LAST Name Pulst	
	RESIDENCE & CITIZENSHIP	City Los Angeles	State or Foreign Country California	Country of Citizenship Germany	
	POST OFFICE ADDRESS	8125 Skyline Drive	City Los Angeles	State or Country California	Zip Code 90046
INVENTOR'S SIGNATURE <u>Stefan Pulst</u>			DATE <u>8/19/04</u>		

**POWER OF ATTORNEY & REVOCATION OF PRIOR POWERS
By Assignee**

CEDARS-SINAI MEDICAL CENTER, assignee(s) of the application for United States Letters Patent for an improvement in

METHODS AND COMPOSITIONS FOR THE TREATMENT OF OBESITY
by Stefan Pulst

the specification of which:

- ☐ is filed herewith, OR
☒ was filed on March 16, 2004, having U.S. Patent Application Serial No. 10/802,228,

does revoke all powers of attorney previously given and hereby appoints as its attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 34026:

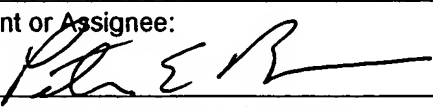
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Please send all correspondence to the attention of **Michelle C. Kim**, at the above Customer Number, and direct all telephone calls to **Michelle C. Kim**.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☐ is filed for recordation herewith; or
☐ was recorded at Reel _____, Frame _____; or
☒ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: CEDARS-SINAI MEDICAL CENTER	
Post Office Address: 8700 Beverly Boulevard, Los Angeles, California 90048-1865	
Signature of Declarant or Assignee: 	Date: 8/19/04
Full Name of Declarant: Peter E. Braveman	
If Other Than Assignee:	
Title of Declarant: Senior Vice President for Legal Affairs and General Counsel	
Address of Declarant: 8700 Beverly Boulevard, Los Angeles, California 90048-1865	